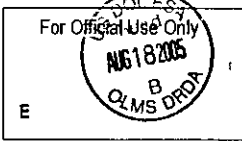


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>9857</b>	2 Fiscal Year Covered From <b>01 / 01 / 04</b> Through <b>12 / 31 / 04</b>
3 Name and address of person filing Name <b>STUART B MUNDY</b>  P O Box, Bldg Room No, if any Street <b>121 Brightbridge Ave</b> City <b>EAST Providence</b> State <b>RI</b> ZIP Code + 4 <b>02914</b>	4 Name, file number, and address of labor organization Name <b>TENNISCLAS Local 251</b> Labor Organization File Number <b>004-870 030541</b> P O Box, Building and Room Number, if any Street <b>121 Brightbridge Ave</b> City <b>EAST Providence</b> State <b>RI</b> ZIP Code + 4 <b>02914</b>
5 Position in labor organization <b>SECRETARY - TREASURER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <b>MARK W. SCHNEIDER ESQ</b> Trade Name, if any <b>LITTLER - MENDELSON</b> <b>Representing Bradford Soap</b> P O Box, Bldg, Room No, if any Street <b>33 South 6th St.</b> City <b>Minneapolis</b> State <b>MN</b> ZIP Code + 4 <b>55402</b>	7 a Nature of Interest, Transaction, or Income <b>2- Dinner meeting To Discuss</b> <b>Bradford Soap Closure 4/12/04</b> <b>\$102.39</b> <b>Dinner meeting To Discuss</b> <b>Bradford Soap Contract Implementation 192.97</b> 7 b Amount <b>295.36</b>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed	On <b>8/15/05</b> <b>4016213251</b> Date Telephone Number

Name of Person Filing <u>STUART B Mundy</u>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name <u>DAVIS VISION</u></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>159 EXPRESS ST</u></p> <p>City <u>Plainview</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11803</u></p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <u>TECHNICAL LOCAL 251 HSIP</u></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>1201 ELMWOOD AVE</u></p> <p>City <u>PROV</u></p> <p>State <u>RI</u> ZIP Code + 4 <u>02917</u></p>	<p><b>11 a Nature of such dealing</b> <u>provides Vision Care + Eyeglasses to Fund PARTICIPANTS</u></p> <p><b>11 b Approximate dollar value of such dealing</b></p> <p><b>12 a Nature of interest held or income received</b> <u>PAID 1/3 cost of Tickets for Cirque de Soleil ON 12/01/04</u></p> <p><b>12 b Amount</b> <u>41.66</u></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>

Name of Person Filing <b>Stuart B Mundy</b>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>UNITED HEALTARE of New England</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <b>475 KILVERT ST</b></p> <p>City <b>WARWICK</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02886</b></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg Room No, if any</p> <p>Street <b>1201 Elmwood Ave</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing <b>HEALTH CARE PROVIDER SEEKING TRUST AND REPRESENTED EMPLOYERS BUSINESS</b></p> <p>11 b Approximate dollar value of such dealing <b>0</b></p> <p>12 a Nature of interest held or income received <b>DINNER AT LOCAL 251 HSIP ANNUAL MEETING WITH STAFF, TRUSTEES, PROFESSIONALS, AND GUESTS ON 11/30/04</b></p> <p>12 b Amount <b>86.21 per person</b></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing <b>STUART B. MUNDY</b>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>Providence Group</b></p> <p>Trade Name, if any <b>Mellon Bank</b></p> <p>P O Box, Bldg Room No , if any</p> <p>Street <b>200 TRAKS Head Place</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02903</b></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251</b></p> <p>Trade Name, if any <b>HSIP</b></p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 Elmwood Ave</b></p> <p>City <b>Providence</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing <b>FINANCIAL Manager</b></p> <p>11 b Approximate dollar value of such dealing <b>71,499.52</b></p> <p>12 a Nature of interest held or income received</p> <p><b>PAID 1/3 COST OF TICKETS for Cirque de Soleil on 12/1/04</b></p> <p>12 b Amount <b>41.66</b></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing <b>Stuart B Mundy</b>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name <b>NOVAK FRANCELLO LLC</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>TWO BALA PLAZA Suite 501</b></p> <p>City <b>BALA CYNWYD</b></p> <p>State <b>PA</b> ZIP Code + 4 <b>19004</b></p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <b>TRUSTEES LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p><b>11 a Nature of such dealing</b> <b>PROVIDES ACCOUNTING AND AUDIT SERVICES TO TRUST.</b></p> <p><b>11 b Approximate dollar value of such dealing</b> <b>38,715.84</b></p> <p><b>12 a Nature of interest held or income received</b> <b>MEAL AT IBT Education Seminar with Various Attendees</b></p> <p><b>12 b Amount</b> <b>\$217.05</b></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>

Name of Person Filing <b>STUART B Munoy</b>		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name <b>Blue Cross + BS of RI</b> Trade Name, if any P O Box, Bldg Room No, if any Street <b>444 WESTMINSTER ST</b> City <b>PROV</b> State <b>RI</b> ZIP Code + 4 <b>02903</b>		9 Business deals with a Labor Organization b Trust <input checked="" type="checkbox"/> c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name <b>TEAMSTERS LOCAL 251 HSIP</b> Trade Name, if any P O Box, Bldg, Room No, if any Street <b>1201 Elmwood Ave</b> City <b>PROV</b> State <b>RI</b> ZIP Code + 4 <b>02907</b>		11 a Nature of such dealing <b>PROVIDES HEALTH INSURANCE TO FUND PARTICIPANTS</b> 11 b Approximate dollar value of such dealing <b>20,009,961.04</b> 12 a Nature of interest held or income received <b>MEAL FOR BUSINESS TO RENEW HEALTH CARE B.D and deliver RFF on 11/10/04</b> 12 b Amount <b>30.30</b>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg Room No, if any Street City State ZIP Code + 4		14 a Nature of payment	
13 b Is the Business an Employer or Consultant ?		14 b Amount of payment	

Name of Person Filing <b>STUART B Munoy</b>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <b>Blue Cross + BS of RI</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>444 WESTMINSTER ST</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02903</b></p>	<p><b>9</b> Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEACHERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p><b>11 a</b> Nature of such dealing <b>PROVIDES HEALTH INSURANCE TO FUND PARTICIPANTS</b></p> <p><b>11 b</b> Approximate dollar value of such dealing <b>20,009,961.04</b></p> <p><b>12 a</b> Nature of interest held or income received <b>MEAL TO DISCUSS HEALTH CARE ISSUES ON 4/05/04</b></p> <p><b>12 b</b> Amount <b>47.58</b></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a</b> Nature of payment</p>
<p><b>13 b</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing <b>Stuart B Munoy</b>		File Number U-	
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name <b>Blue Cross + BS of RI</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>444 WESTMINSTER ST</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02903</b></p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <b>TEAMSTERS LOCAL 251 HS110</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p><b>11 a Nature of such dealing</b> <b>PROVIDES HEALTH INSURANCE TO FUND PARTICIPANTS</b></p> <hr/> <p><b>11 b Approximate dollar value of such dealing</b> <b>20,009,961.04</b></p> <hr/> <p><b>12 a Nature of interest held or income received</b> <b>MEAL TO DISCUSS HEALTH CARE RENEWAL ISSUES ON 12/14/04</b></p> <hr/> <p><b>12 b Amount</b> <b>32.-</b></p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>



Name of Person Filing <b>Stuart B Mundy</b>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>The Segal Co.</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1165 HUNTINGTON AVE</b></p> <p>City <b>BOSTON</b></p> <p>State <b>MA</b> ZIP Code + 4 <b>02116</b></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 ELWOOD AVE</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing <b>ACTUARIAL + CONSULTING SERVICES</b></p> <p>11 b Approximate dollar value of such dealing <b>\$106,000. -</b></p> <p>12 a Nature of interest held or income received <b>1/3 COST OF CIRCUS DE SOLCEL TICKETS ON 12/1/04</b></p> <p>12 b Amount <b>41.66</b></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing <b>STUART B Mundy</b>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name <b>COIA + Lepore LTD</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>226 S. Main ST</b></p> <p>City <b>Prov</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02903</b></p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <b>Trustees Local ASI HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg Room No , if any</p> <p>Street <b>1201 Elmwood AVE</b></p> <p>City <b>Prov</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p><b>11 a Nature of such dealing</b> <b>Provides legal benefit for participants of Local ASI HSIP</b></p> <p><b>11 b Approximate dollar value of such dealing</b> <b>\$ 263,712.80</b></p> <p><b>12 a Nature of interest held or income received</b> <b>Christmas Gift of Case of Wine</b></p> <p><b>12 b Amount</b> <b>\$300.-</b></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>

Name of Person Filing <b>STUART B Mundy</b>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <b>Coia + Lepore LTD</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>226 S. Main ST</b></p> <p>City <b>Prov</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02903</b></p>	<p><b>9</b> Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>Transfers Local 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 Elmwood AVE</b></p> <p>City <b>Prov</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p><b>11 a</b> Nature of such dealing <b>Provides legal benefit for participants of Local 251 HSIP</b></p> <p><b>11 b</b> Approximate dollar value of such dealing <b>\$ 263,712.80</b></p> <p><b>12 a</b> Nature of interest held or income received <b>meal at Transfers Local 251 HSIP annual meeting with staff professionals, advisors, and guests.</b></p> <p><b>12 b</b> Amount <b>147.-</b></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a</b> Nature of payment</p>
<p><b>13 b</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing	STUART B Mundy	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name COIA + Lepore LTD</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 226 S. Main ST</p> <p>City Prov</p> <p>State RI ZIP Code + 4 02903</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Transfers Local ASI HSIP</p> <p>Trade Name, if any</p> <p>P O Box, Bldg Room No , if any</p> <p>Street 1201 Elmwood Ave</p> <p>City Prov</p> <p>State RI ZIP Code + 4 02907</p>	<p>11 a Nature of such dealing Provides legal benefit for participants of Local ASI HSIP</p> <p>11 b Approximate dollar value of such dealing \$ 263,712.80</p> <p>12 a Nature of interest held or income received Rental of Harley Davidson Motorcycle on 12/04</p> <p>12 b Amount 109.63</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>



Name of Person Filing <b>Stuart B Munay</b>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>J+W Seligman + Co</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>100 Park ave</b></p> <p>City <b>New York</b></p> <p>State <b>NY</b> ZIP Code + 4 <b>10017</b></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>Trustees Local 251</b></p> <p>Trade Name, if any <b>HSIP</b></p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 Elmwood Ave</b></p> <p>City <b>Providence</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing <b>Seeking INVESTMENT BUSINESS</b></p> <p>11 b Approximate dollar value of such dealing <b>\$107.</b></p> <p>12 a Nature of interest held or income received <b>Dinner with various advisors, trustees, and guests</b></p> <p>12 b Amount <b>\$107.</b></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>



Name of Person Filing	Stuart B Mundy	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name Transiers Local 251 HSI 12</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 1201 Elmwood Ave</p> <p>City Prov</p> <p>State RI ZIP Code + 4 02901</p>	<p>14 a Nature of payment</p> <p>PAYMENT TO Kathleen Mundy RN for Services in COOPERATION WITH GOOD HEALTH BENEFIT. (SPOUSE) Six days of WAGES</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p> <p>1680. —</p>



Name of Person Filing <u>Stuart B. Murray</u>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name <u>UNITED Health Care</u></p> <p>Trade Name, if any <u>of New England</u></p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>475 Kilvert St</u></p> <p>City <u>Warwick</u></p> <p>State <u>RI</u> ZIP Code + 4 <u>02886</u></p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p>b Trust <input checked="" type="checkbox"/></p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <u>Teamsters Local 251 HSIP</u></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>1201 Elmwood Ave</u></p> <p>City <u>Providence</u></p> <p>State <u>RI</u> ZIP Code + 4 <u>02907</u></p>	<p><b>11 a Nature of such dealing</b> <u>Health Care</u></p> <p><u>Provider seeking business from Trust</u></p> <p><b>11 b Approximate dollar value of such dealing</b> <u>\$</u></p> <p><b>12 a Nature of interest held or income received</b></p> <p><u>Labor Advisory Board Member</u></p> <p><u>Meeting Attendance stipend</u></p> <p><u>\$250, per meeting</u></p> <p><u>4 meetings</u></p> <p><b>12 b Amount</b> <u>\$1000.</u></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>